Advantage

Consumer Emergency Contacts and Plan

Consumer Name: _____

Best contact number: _____

In the event of an emergency, we urge you to follow the following steps:

1. Contact the local emergency centers that are set up in my county (Call 911if needed)
2. Have a list of all medications, physician's name and contact info.
3. Have a list of emergency contact person(s).

Emergency Contact #1: _____Relation:_____Phone: _____

Emergency Contact #2: _____Relation:_____Phone: _____

Physician Name: _____ Facility/Practice Name: _____

Physician Phone:_____ Location or Address:_____

In the event that my personal care attendant is unable to provide services, the **back up plan** will be as follows:

_____

_____

_____

Safest route and plan of evacuation out of your home:

_____

_____

In case of a natural disaster and you were unable to live in your home, where would you go?

_____

_____

Do you have any life threatening medication or medical equipment dependencies that you would take with you if you had to leave your home for an extended period of time? Yes No If Yes, list below:

_____ _____

_____ _____

_____ _____

We have provided you with useful emergency preparedness information titled "Ready in 3". Please do not hesitate to contact us for additional information or to change your emergency plan.

I have participated in creating this emergency back up plan and acknowledge that the vendor has provided me with "Ready in 3" materials. My signature below acknowledges that I understand that if changes need to be made, I am responsible for making the vendor aware.

_____ _____

Consumer Signature Date